

[Clinic Name]  
[Clinic Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Patient Name]  
[Patient Address]  
[City, State, Zip Code]

**RE: Follow-up required for [Screening Type, e.g., Lab Work/Imaging]**

Dear [Patient Name],

We are writing to provide an update regarding your recent [Screening Type] performed on [Date].

The results of this screening were inconclusive. Please note that an inconclusive result does not necessarily mean there is a health problem. It simply means the test did not provide a clear "normal" or "abnormal" finding, or the sample provided was insufficient for a full analysis.

To ensure we have accurate information regarding your health, your provider requests that you:

- [Option 1: Schedule a repeat test at your earliest convenience.]
- [Option 2: Schedule a follow-up appointment to discuss next steps.]
- [Option 3: Complete the following additional diagnostic test: Name of Test.]

Please contact our office at [Phone Number] to coordinate this follow-up or to speak with a member of your care team if you have any questions.

Thank you for your prompt attention to this matter.

Sincerely,

[Provider Name/Clinic Staff Name]  
[Clinic Name]